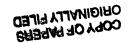
FORM PTO-1083



26/3/#

PATENT 81800.0176

Not Assigned hnology Center 260

07/29/02 Date

2613

envelope addressed to: Commissioner for Patents

July 29, 2002

Washington D.C. 20231, on

I hereby certify that this correspondence is being deposited with the United States Postal Service

with sufficient postage as first class mail in an

Art Unit:

Examiner:

RECEIVED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yoshifumi TANIMOTO

Serial No:

10/045,897

Filed:

January 10, 2002

For:

RELAY SERVER, COMMUNICATION SYSTEM AND

FACSIMILE SYSTEM

Commissioner for Patents Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUM PREVIOUSLY PA		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FE	≣	 DD'L E DUE
TOTAL CLAIMS FEE	20	-20	20	**	0	LG=\$18 SM=\$9	8	\$ 0
INDEPENDENT CLAIMS FEE	. 11	-3	4	***	4	LG=\$84 SM=\$42	4	\$ 336
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140								\$
						тот	AL	\$ 336

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$336.00 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

A check in the amount of \$___to cover the extension fee is enclosed. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. 1.17

Date: July 29, 2002 Biltmore Tower

500 South Grand Avenue, Suite 1900

Telephone: 213 337-6700 Facsimile: 213 337-6701

Respectfully submitted, HOGAN & HARTEON &

Anthony J. Orler

Registration No. 41,232

Attorney for Applicant(s)